

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

**FOR: HEALTH CARE FINANCING ADMINISTRATION**

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

1. TRANSMITTAL NUMBER:

**04-03**

2. STATE

**Louisiana**

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE  
SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE

**January 1, 2004**

5. TYPE OF PLAN MATERIAL (*Check One*):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate Transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION:

**42 CFR 447.201**

7. FEDERAL BUDGET IMPACT:

a. FFY **2004**

**\$2786.74**

b. FFY **2005**

**\$3686.00**

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

**Attachment 4.19-B, Item 5, Page 2.b.**

9. PAGE NUMBER OF THE SUPERSEDED PLAN  
SECTION OR ATTACHMENT (*If Applicable*):

**Same (TN 03-06)**

10. SUBJECT OF AMENDMENT: **The purpose of this amendment is to amend the reimbursement methodology for physician services for pediatric surgeries for children ages 11 through 15 years of age and for medical services for children from birth through 15 years of age.**

11. GOVERNOR'S REVIEW (*Check One*):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:

**The Governor does not review state plan material.**

12. SIGNATURE OF STATE AGENCY OFFICIAL:



13. TYPED NAME:

**Frederick P. Cerise, M.D., M.P.H.**

14. TITLE:

**Secretary**

15. DATE SUBMITTED:

**March 29, 2004**

16. RETURN TO:

**State of Louisiana**

**Department of Health and Hospitals**

**1201 Capitol Access Road**

**PO Box 91030**

**Baton Rouge, LA 70821-9030**

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

**31 MARCH 2004**

18. DATE APPROVED:

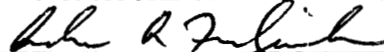
**27 MAY 2004**

**PLAN APPROVED – ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:

**1 JANUARY 2004**

20. SIGNATURE OF REGIONAL OFFICIAL:



21. TYPED NAME:

**ANDREW A. FREDRICKSON**

22. TITLE:

**ASSOCIATE REGIONAL ADMINISTRATOR  
DIV OF MEDICAID & CHILDREN'S HEALTH**

23. REMARKS:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM  
STATE OF LOUISIANA

Attachment 4.19-B  
Item 5, Page 2.b.

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -- OTHER TYPES OF CARE OR SERVICES LISTED IN SECTION 1905(A) OF THE ACT THAT ARE INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

A	
STATE <u>Louisiana</u>	
DATE REC'D <u>3-31-04</u>	
DATE APP'D <u>5-27-04</u>	
DATE EFF <u>1-1-04</u>	
HCFA 179	<u>04-03</u>

Effective January 1, 2004, Physicians' Current Procedural Terminology (CPT) surgical procedure codes (10021-69990) for Medicaid recipients ages 11 through 15 years of age shall be reimbursed at 100 percent of the Medicare Region 99 allowable for 2002, except for procedure codes on file that are in non-pay status and procedure codes for deliveries (59410) and (59415) or those payable with a fee greater than 100 percent of the Medicare Region 99 allowable for 2002.

Surgical services modified with modifier 63 (procedure performed on infants less than 4kg) shall be reimbursed at 125 percent of the fee on file.

Effective January 1, 2004 Physicians' Current Procedural Terminology (CPT) medical procedure codes (90918-99199) for Medicaid recipients from birth through 15 years of age shall be reimbursed at 100 percent of the Medicare Region 99 allowable for 2002, except for procedure codes on file that are in non-pay status, procedure codes for conscious sedation (99141) and (99142) or those payable with a fee greater than 100 percent of the Medicare Region 99 allowable for 2002.

Reimbursement methodology applies to public and private providers of these services.

- (b) Providers are advised to bill usual and customary charges in order for the Medicaid Program to continue to use these charges to establish prevailing fees in Louisiana.

SUPersedes TN- 03-06

A. Payment for Physician Services for recipients eligible for Title XVIII-Part B.

Title XVIII-B provides for payment per calendar year for physician services for a Medicare eligible in the amount of 80% of the physician's reasonable usual and customary charge after the annual deductible is met. The Medicaid Program pays for Medicare covered services in accordance with the limitations set forth in Section 3.2 and Attachment of the Plan.

B. Recipients not Eligible for Title XVIII Part B.

Payment for physician services for recipients not covered under Title XVIII Part B will be made subject to flat fee limitations or billed charges whichever is lower and subject to service limitations.

TN# 04-03

Supersedes

TN# 03-06

Approval Date 5-27-04

Effective Date 1-1-04